ISSUE SUP STAPLE AREA (for additional cross references)

POSTION	INITIALS	ID NO.	DATE			
FEE DETERMINATION O.I.P.E. CLASSIFIER FORMALITY REVIEW	N.A	120 48	06/19/01			
RESPONSE FORMALITY REVIEW						

INDEX OF CLAIMS

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If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)

